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APPLICANTS

Robert D. Piwko JR., Hamburg, NY;
 John F. Rhein, Hamburg, NY;
 Michael Thomas Kane, Fairport, NY;

**** CONTINUING DATA *******
 This appln claims benefit of 60/466,735 05/01/2003

**** FOREIGN APPLICATIONS *******
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS
 27896
 EDELL, SHAPIRO & FINNAN, LLC
 1901 RESEARCH BOULEVARD
 SUITE 400
 ROCKVILLE, MD
 20850

TITLE
 Infant seat

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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